

Case Number:	CM15-0105251		
Date Assigned:	06/09/2015	Date of Injury:	09/25/2006
Decision Date:	08/04/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Psychologist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old female, who sustained an industrial injury on 9/25/06. She reported pain in her neck and lower back. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, chronic pain syndrome, lumbar radiculopathy, depression, right shoulder impingement and cervical radiculopathy. Treatment to date has included Naprosyn, Limbrel, Cymbalta and psychiatric treatments in 2013. As of the pain psychology consultation dated 5/1/15, the injured worker reports pain in her neck and low back with radiation the bilateral lower extremities. She indicated that the cervical and lumbar pain is equally distressing. The treating physician noted that the injured worker has comorbid depression and anxiety. Objective findings include a Beck Depression Inventory score of 42 and a Beck Anxiety Inventory score of 30. The treating physician requested biofeedback once weekly x 8 sessions and cognitive behavioral therapy once weekly every other week x 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Biofeedback 1 time a week 8 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since her injury in September 2006. She has also developed symptoms of depression and anxiety secondary to her chronic pain. The injured worker completed an initial pain psychology evaluation with [REDACTED] on 5/1/15. In her report, [REDACTED] recommended an initial trial of 8 CBT sessions as well as 8 biofeedback sessions, for which the request under review is based. In regards to the use of biofeedback, the CA MTUS recommends that it be used in conjunction with CBT. It further recommends an "an initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be offered. Given this guideline, the request for an initial 8 biofeedback sessions exceeds the initial number of recommended sessions. However, because the injured worker is also struggling with depression and anxiety, 8 initial biofeedback sessions accompanied by 8 CBT sessions appears reasonable. As a result, the request for 8 biofeedback sessions is medically necessary.

Cognitive Behavioral Therapy 1 time per week every other week 8 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychotherapy Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since her injury in September 2006. She has also developed symptoms of depression and anxiety secondary to her chronic pain. The injured worker completed an initial pain psychology evaluation with [REDACTED] on 5/1/15. In her report, [REDACTED] recommended an initial trial of 8 CBT sessions as well as 8 biofeedback sessions, for which the request under review is based. For the treatment of chronic pain, the CA MTUS recommends "an initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be offered. However, in the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Utilizing both guidelines, the request for an initial 8 CBT sessions is medically necessary.